

STATE OF MICHIGAN
DEPARTMENT OF ATTORNEY GENERAL

CHARITABLE TRUST INVENTORY

Legal name of entity _____

Fiscal Year End _____
Month/Day

Date of valuation of assets _____

DESCRIPTION OF ASSETS

NO. 1 - CASH

Amount

Savings Account (Bank and #) _____

Checking Account (Bank and #) _____

Other Cash _____

TOTAL No. 1 - (CASH)

No. 2 - STOCK

CORPORATION NAME:

NO. SHARES

BOOK

MARKET

-----VALUE-----

TOTAL No. 2 - (STOCK)

No. 3 - BONDS

NAME

INT. %

SERIES

YEAR

OTHER

VALUE

TOTAL No. 3 - (BONDS)

No. 4 - REAL ESTATE

LOCATION:

VALUE

TOTAL No. 4 - (REAL ESTATE)

No. 5 - OTHER ASSETS

AMOUNT

TOTAL No. 5 - (OTHER ASSETS)

TOTAL ASSETS: ADD 1 through 5

No. 6 - LIABILITIES

AMOUNT

TOTAL No. 6 - (LIABILITIES)

NET ASSETS: Total Assets less Total Liabilities

UNDER PENALTY OF PERJURY: I declare that I have examined this Inventory and, to the best of my knowledge and belief, it is true, correct and complete.

Date

Signature of Trustee/Officer

Title

(ATTACH ADDITIONAL SCHEDULES IF NECESSARY)